

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
NATIONAL INSTITUTES OF HEALTH

BREAST MILK AND FORMULA STUDY  
NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

INITIAL QUESTIONNAIRE

MOTHER'S NAME \_\_\_\_\_

CODE #

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

Social Security Number \_\_\_\_\_

Telephone Number AC( ) \_\_\_\_\_

From What Doctor or Clinic Did You Get Prenatal  
Care During This Pregnancy?

Doctor's Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Initial Questionnaire

CODE #      
1 2 3 4

CARD #    
5 6

Today's Date

mo/day/yr        
7 8 9 10 11 12

1. Hospital

CODE #   
13

2. Mother's Age

14 15

3. Mother's Date of Birth

mo/day/yr        
16 17 18 19 20 21

4. Race

1=White  
2=Black  
3=Other or DK   
22

5. Did You Get Prenatal Care During This Pregnancy?

1=yes   
2=no   
23

If yes, enter number of trimester (1,2, or 3) when care began

0=DK   
24

6. Date of last period

mo/day/yr        
0=DK 25 26 27 28 29 30

7. For the following:

Left Block: 0=DK  
1=Occurred  
2=Did not occur

Right Block: If left block is 1, enter trimester condition began or occurred (0=DK)

a. spotting or bleeding.....    
31 32

b. threatened abortion.....    
33 34

c. high blood pressure.....    
35 36

d. protein in urine.....    
37 38





- c. pills for high blood pressure\*.....  17  18
- d. mood elevators or pills for depression\*.....  19  20  
    (Elavil)
- e. tranquilizers or sleeping pills\*.....  21  22  
    (Librium, Valium)
- f. pills for seizures: Dilantin.....  23  24
- Phenobarbital.....  25  26
- other\*.....  27  28
- g. thyroid pills.....  29  30
- h. water pills or diuretics\*.....  31  32

\*=give name and dose of starred medication below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. During this pregnancy, did you take any special medicines? (Please code if asked for, even if noted above)

Left Block: 0=DK  
              1=yes  
              2=no

Right Block: If left is 1, then enter trimester when drug was begun (0=DK)

- a. vitamins and/or iron.....  33  34
- b. diet supplements.....  35  36
- c. pills for nausea or morning sickness\*.....  37  38
- d. antibiotics\*.....  39  40
- e. Dilantin.....  41  42

- f. phenobarbital.....  43  44
- g. sleeping pills or tranquilizers\*.....  45  46
- h. other 1=yes   
2=no  47

List other medications, and trimester begun.

\*=give name and dose of starred medication below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. During this pregnancy, did you have any X-ray or nuclear medicine studies done, other than chest X-ray? 0=DK   
1=yes  48  
2=no

If yes, during which trimester?

0=DK  49

Kind of study if known \_\_\_\_\_

\_\_\_\_\_

13. How many years of school have you completed?    
50 51

How many years of school has the baby's father or the head of household completed?

52 53

14. When you are not pregnant, what is your usual occupation? mother   
54

What is the occupation of the baby's father, or the male head of household?

father

55

- |                            |                    |
|----------------------------|--------------------|
| 1=farmer                   | 6=paraprofessional |
| 2=skilled laborer          | 7=housewife        |
| 3=unskilled laborer        | 8=student          |
| 4=professional             | 9=unemployed       |
| 5=white collar or clerical | 0=other, DK        |

15. Were you born in this community? 0=DK  
1=yes  56  
2=no

If no, then enter town and state or county.

\_\_\_\_\_

16. Have you ever been exposed to any unusual chemicals or solvents? 0=DK  
1=yes  57  
2=no

If yes, did the exposure take place during this pregnancy? 0=DK  
1=yes  58  
2=no

If yes, in what trimester? 0=DK  59

Name of chemical \_\_\_\_\_

17. Do you or any members of your family use pesticides? 0=DK  
1=yes  60  
2=no

If yes, where are they used? 1=inside house  
2=outside house  61  
3=both  
0=DK

If yes, what type of pesticide?

0=DK  
1=is used  
2=is not used

a. bug or insect killer (insecticide).....  62

b. mold or mildew (fungicide).....  63

c. weed killer (herbicide).....  64

d. mouse or rat poison (rodenticide).....  65

e. Other (name) \_\_\_\_\_  66

Name of pesticides (if known).

\_\_\_\_\_

\_\_\_\_\_

18. During this pregnancy, about how often did you have the following foods?

a. meat days per week

b. eggs days per week

c. milk days per week

d. seafood or fish (store bought or commercial) days per month

e. seafood or fish (privately caught) days per month

REPEAT CODE #

CARD #

19. Were you on a special diet during this pregnancy?

0=DK  
1=yes   
2=no

If yes, for a specific reason other than being pregnant?

If yes 0=DK  
1=poor weight gain  
2=excessive weight gain  
3=other reasons (explain)

\_\_\_\_\_  
\_\_\_\_\_

If you were on a special diet, what sort of diet was it?

0=DK  
1=low salt diet  
2=low calorie diet  
3=low fat diet  
4=high calorie diet  
5=high protein diet  
6=other or some combination (explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Do you mind answering questions about smoking?

1=yes   
2=no  11

If yes, skip to 21

If no, how much do you usually smoke when not pregnant?

0=none  
1=1/2 pack   
2=1/2-1 pack  12  
3=1 pack

If you smoke, did you continue during this pregnancy?

1=yes   
2=no  13

If you stopped during this pregnancy, in which trimester did you stop?

0=DK  14

If you continued to smoke during this pregnancy, how much did you smoke?

1=1/2 pack  
2=1/2-1 pack   
3= 1 pack  15

21. Do you mind answering questions about drinking alcohol?

1=yes   
2=no  16

If yes, go to next question

If no, when not pregnant,

about how many cans of beer do you drink per week?

17 18

about how many glasses of wine per week do you drink?

19 20

about how many drinks of liquor per week do you drink?

21 22

During this pregnancy,

about how many cans of beer per week did you drink?

23 24

about how many glasses of wine per week did you drink?

25 26

about how many drinks of liquor per week did you drink?

27 28

22. How do you plan to feed this baby for the first 6 weeks?

29

- 0=DK
- 1=breast feed only
- 2=breast feed plus bottle
- 3=bottle feed only

23. Have you ever had problems with blood group or Rh incompatibility?

1=yes  
 2=no   
 0=DK 30

24. How many times have you been pregnant before this one?

31 32

25. How many children are now alive?

33 34

REPEAT CODE #   
1 2 3 4

CARD #   
5 6

26. For all previous pregnancies, enter the following: (start at earliest)

a. result of pregnancy

One	Two	Three	Four	Five
<input type="text"/>				
7	8	9	10	11

- 0=DK
- 1=spontaneous abortion (miscarriage)
- 2=therapeutic abortion
- 3=still birth
- 4=premature
- 5=normal birth

b. birth weight (grams)

1	2	3	4	5
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
12 13 14 15	16 17 18 19	20 21 22 23	24 25 26 27	28 29 30 31

c. sex 1=male  
2=female  
0=DK

<input type="text"/>				
32	33	34	35	36

d. congenital anomalies? 1=yes  
2=no  
3=DK

<input type="text"/>				
37	38	39	40	41

Note: If up to three on one child, code here. If more, list below.

42	43

44	45

46	47

48	49

50	51

52	53

54	55

56	57

58	59

60	61

62	63

64	65

66	67

68	69

70	71

e. Is this child alive now?

0=DK  
1=yes  
2=no

72

73

74

75

76

If not, please list cause of death and age of death

---

---

---

Note: If there were more than 5 previous pregnancies, list below, with birthweight, current status of child, and congenital anomalies, if any.

---

---

---

## Coding List For Congenital Anomalies

- 01 = anencephaly
- 02 = spina bifida
- 03 = hydrocephaly
- 04 = cleft lip
- 05 = cleft palate
- 06 = congenital heart disease, suspected
- 07 = congenital heart disease, confirmed  
note: for confirmed congenital heart disease, list  
precise diagnosis on "list" space on child's form
- 08 = Down's syndrome
- 09 = hypospadias, glandular
- 10 = hypospadias, penile
- 11 = hypospadias, scrotal
- 12 = dislocation of the hip
- 13 = reduction deformity of limb(s)  
note: specify which limb(s) on child's form
- 14 = polydactyly, tags only
- 15 = polydactyly, formed digits
- 16 = talipes equinovarus, mild
- 17 = talipes equinovarus, moderate or severe
- 18 = pyloric stenosis
- 19 = heterochromia iridia
- 20 = low set ears
- 21 = simian crease
- 22 = preauricular tags
- 23 = mid-facial hypoplasia
- 24 = anteverted nares
- 25 = micrognathia
- 26 = hernia
- 27 = absent nails